



Montgomery County  
Office of Consumer Protection  
100 Maryland Avenue, Suite 330  
Rockville, Maryland 20850  
www.montgomerycountymd.gov/consumer  
T: 240.777.3636  
F: 240.777.3768



Internet

Instructions For Using This Form

1. Before using this form, complain directly to the company. If unsuccessful, then use this form.
2. Please type or print clearly and complete the entire form. **Illegible or incomplete forms may be returned to you.**
3. Attach photocopies of any papers involved in the transaction (including advertisements, contracts, receipts, statements, the front and back of canceled checks, correspondence, warranties, et cetera).
4. **Failure to provide paperwork may delay investigation of your complaint.**
5. DO NOT SEND ORIGINAL DOCUMENTS. We will not be responsible for originals.

**CONSUMER INFORMATION**

Your Name	Telephone Home
Address	Telephone Work
City                      State                      Zip code	Telephone Cellular
E-mail	Fax
How did you learn about us? <input type="checkbox"/> Another Agency <input type="checkbox"/> County Website <input type="checkbox"/> Family/Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Other: _____	

**COMPLAINT INFORMATION**

Individual/Business Name		Telephone
Address		Telephone Alternate
Post Office Box		Fax
City                      State                      Zip code		E-mail
Other Contact Information		Website
Transaction Type: (Ex. Automotive, Domestic Worker Contract, Home Repair, Internet, Retailing, Property Tax Disclosure, Telecommunications, etc.):		
Transaction date:	Amount paid:	Payment method:
Did you sign a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a copy.	Where?	Date signed:
Date complained to business:	Person contacted:	Their title:
Did they respond? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and nature of response (if response was in writing, include a copy):	
Court action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	What court?	Court date?
Have you submitted this matter to an attorney or other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give the name, address and phone number of the attorney or agency:	

Describe Your Complaint and Provide Additional Information on Back

